

## UVULECTOMY AND OTHER TRADITIONAL HEALING PRACTICES: TRADITIONAL HEALERS' PERCEPTIONS AND PRACTICES IN A CONGOLESE REFUGEE CAMP IN TANZANIA

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**ABSTRACT:** Little is studied about traditional healers' perceptions toward and practice of uvulectomy, which is known as a traditional surgical practice mainly in Africa and which sometimes results in severe complications. This study aimed to clarify the perceptions toward and practice of uvulectomy and the other traditional healing practices of traditional healers in a Congolese refugee camp in Tanzania. Interviews were conducted with 149 traditional healers, comprised of 59 registered, 68 non-registered and 22 faith healers.

A total of 1.7% of the registered healers and 8.8% of the non-registered healers had ever conducted uvulectomy on children (a median of 2 months to a median of 3 years of age) and had received cash or domestic fowls equivalent to US\$1-3 per operation. Although over 80% of the respondents believed traditional treatments to be more effective than modern medicine, less than 20% considered uvulectomy beneficial and in fact about 40% considered it to be harmful. The respondents raised cough, vomiting, appetite loss and other symptoms as an indication for uvulectomy, and death, bleeding, throat pain and other symptoms as harmful effects associated with uvulectomy. In this camp, the healers also performed other surgical procedures, such as male and female circumcision, tattoos and scarification.

In conclusion, only a limited number of the traditional healers believed that uvulectomy is beneficial and performed it on infants and young children, and these were mainly non-registered healers who had relatively little collaboration with modern health professionals. In refugee settings where modern health professionals might not be familiar with traditional healing, it is considered crucial to assess the risks of ongoing traditional practices and to strive to achieve more strategic communication between modern and traditional health providers.

**Keywords:** traditional healing, healers, uvulectomy, perception, Congolese refugees, Tanzania

### INTRODUCTION

The persisting conflicts in the Great Lakes region of Africa have caused the flow of a large number of refugees into the United Republic of Tanzania. Tanzania has maintained an open-door policy since its independence, and, as a result, it hosted approximately 520,000 refugees including more than 370,000 from Burundi and about 140,000 from Congo-Kinshasa, 3,500 from Somalia, and 2,700 from Rwanda by the end of 2002 [1].

In response to the extremely poor health status of these refugees, modern health care services have been provided intensively in refugee camps, when possible, by skilled or trained refugees and persons from the host community and aid organizations. However, there are still many refugee communities where traditional healing practices are strongly preferred.

While modern health intervention has contributed

greatly to the improvement of the health status in many camps, efforts to reduce infant mortality have stagnated in some camps [2]. Although no survey was conducted there, modern health providers in these camps suspected a traditional surgical practice called 'uvulectomy' to be one of the causes. Uvulectomy is a procedure in which the uvula is severed. It is a traditional healing practice used mainly in Africa, sometimes leading to serious complications [3, 4, 5]. However, no study has shed light on the perceptions of traditional healers as to its beneficial and adverse effects or its actual practice, especially in refugee settings. In the refugee camps, moreover, little was known about perceptions toward or practices of traditional healing methods other than uvulectomy.

This study aimed to determine the traditional healers' perceptions and their implementation of traditional healing practices, with special reference to uvulectomy.

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## PARTICIPANTS AND METHODS

### *Study area*

We selected Lugufu Camp, one of the biggest refugee camps in Kigoma Province, western Tanzania. It accommodated about 50,000 refugees from Congo-Kinshasa at the time of our study, and it continued to grow by an average of 1,000 refugees per month due to persistent armed conflicts, political instability, and deteriorating humanitarian conditions in that country. The camp was in the post-emergency phase with a crude mortality rate of 0.65 deaths/10,000 persons/day and an under-five mortality rate of 1.88/10,000 persons/day in 2000, thus indicating that the relief programs had successfully kept the health situation under control. [6]

### *Participants*

Since there was no reliable document or registration method to identify traditional healers in the study site, we gathered information through preliminary interviews with modern health professionals and community health workers in the camp prior to the study. The results indicated that there were three types of healers, namely, registered traditional healers, non-registered traditional healers and faith healers. In the local language, the three types of healer are called 'MFUMU' or 'MTEE', 'MLAKO', and 'BAYUMBE' or 'MAHA WA ASA'O', respectively. The 'MFUMU' or 'MTEE' was registered with the Ministry of Health in Congo-Kinshasa and was certified to examine and treat patients, supposedly with herbs and other medicinal subjects. The 'MLAKO' provided traditional healing practices without certification. The 'BAYUMBE' or 'MAHA WA ASA'O' was a faith healer, also referred to as a 'prayer leader', 'elder prayer', 'father/mother of prayer' or 'a director of prayer', who usually organized religious gatherings and provided healing mainly through prayers.

### *Study Preparation*

Permission to carry out the study was obtained from the UNHCR and Tanzania Red Cross Society, with the support from the International Federation of Red Cross and Red Crescent Societies, organizations that took responsibility for health and other related activities in the camp. We made a list of traditional healers that had been identified in the camp by Congolese community health workers, and invited all of them to participate in our study. Informed consent was obtained, and finally all the healers in the list, 149 individuals in total, agreed to participate.

Eighteen Congolese refugees engaged in community health services speaking and writing English and Swahili were recruited and trained as interviewers for the study. We also recruited and trained Tanzanian health personnel com-

petent in speaking and writing both English and Swahili as study supervisors. The authors were responsible for the training of both interviewers and supervisors and checked and confirmed the quality of supervisions. The study was conducted from May to July 2001.

### *Questionnaire*

Semi-structured interviews were designed to explore traditional healers' perceptions toward and use of uvulectomy and other traditional healing practices, and their attitude toward modern health care services. Background information gathered from each respondent included religion, years of education, and the person from whom the healing practices were learned. Special efforts were made to obtain, in the respondent's own words, of the healing practices and their indications, and the perceived benefits and harm of uvulectomy. The respondents who used herbal medicine were further asked about the type of herbal medicine, their preparation, usage and indications.

To quantify the perceived benefits and harm of traditional practices, the interview also included the following questions: "In comparison to modern medicine, how effective do you think your traditional treatments are?" with four choices "All of my treatments are more effective than modern medicine", "Some of my treatments are more effective than modern medicine", "None of my treatments are more effective than modern medicine" and "I don't know"; "To what extent do you trust modern doctors?" with four choices "very much", "somewhat", "not at all", and "I don't know."; "To what extent do you think uvulectomy is beneficial or effective?" with four choices "very much", "somewhat", "not at all", and "I don't know"; "To what extent do you think uvulectomy is harmful or results in a negative effect?" with four choices "very much", "somewhat", "not at all", and "I don't know". The interview also involved some questions on the practice of uvulectomy such as the age of the patients and the amount of money or gifts received from the patients undergoing the uvulectomy procedure.

### *Analysis*

The chi-square test was used to compare categorical variables using the SPSS statistical software package version 10.0 for Windows. The descriptive data and their interpretations were anonymously examined for specific meanings and clustered into meaningful groups. To quantify indications for healing practices and harms of uvulectomy, one common term was labeled in each group. We also used qualitative data by selecting typical expressions in each group to complement or interpret the results of analyses of quantitative data.

## RESULTS

### *Profile of the respondents*

Among the 149 traditional healers, 59 (39.6%) were registered healers, 68 (45.6%) were non-registered healers, and 22 (14.8%) were faith healers. As shown in Table 1, there was no significant difference in the age distribution or years of education among the three types of healers. Males were dominant among the registered healers, while more than half of the faith healers were women. The religion of the three groups of healers was significantly different: Muslims made up most of the registered healers, while Christians comprised most of the non-registered and faith healers. Some of the registered and non-registered healers followed other traditional or indigenous religions or beliefs such as Baha'i, Kimbansiste, and Kitawara orthodox religions.

The persons from whom the respondent had learned healing practices also significantly differed among the three groups as follows: about 80% of the registered healers had learned from family members, about 40% of the non-registered from traditional healers, and about 60% of the faith healers from other individuals such as 'inspiration', 'God' and 'clergy persons'.

### *Traditional healing practices and their indications*

As shown in Table 2, all of the registered and almost

all of the non-registered healers used herbs for treatment, but only 13.6% of the faith healers did so. Various parts of medicinal plants and trees including fruit peel and sap were used, but the most popular choices were the roots, leaves and flowers of plants and tree bark. The healers mainly prepared concoctions for oral administration from these plants, some of which were used as a laxative to purge the body of 'impure spirits' thought to cause illnesses. Some herbs were ground into paste or powder and then applied to sites affected by fractures, cancer and other illnesses. Concoctions were also used as enemas to cure various illnesses, and paste from herbs was used as a suppository to treat hemorrhoids. Other treatments included steam inhalation of the herbs and application of herbal powder/paste to tattoos or scarified areas. Plant roots combined with tree bark were used for the treatment of post-abortion problems, sometimes by insertion into the vagina.

Most of the healers selected a specific treatment for each illness, sometimes using a combination of treatments and trying an alternative treatment when no results were seen. In addition to herbs, the respondents used bones and other parts of animals, honey, salt, oil and certain types of soil for treatment.

As shown in Table 3, the indications perceived to be treated effectively by traditional healing practices and herbal medicine ranged from acute illnesses such as cel-

	Registered healers		Non-registered healers		Faith healers		<i>p-value</i>
	N	%	N	%	N	%	
Total (N=149)	59	100	68	100	22	100	
Age (years)							
20-29	14	23.7	16	23.5	5	22.7	0.459
30-39	16	27.1	26	38.2	9	40.9	
40-49	15	25.5	14	20.6	7	31.8	
50-59	14	23.7	12	17.7	1	4.6	
Sex							
male	43	72.9	40	58.8	9	40.9	0.025
female	16	27.1	28	41.2	13	59.1	
Religion							
Christian	15	25.4	25	36.8	18	81.8	<0.001
Muslim	24	40.7	22	32.3	2	9.1	
others	20	33.9	21	30.9	2	9.1	
Education (years)							
0	10	17	10	14.7	3	13.6	0.6
1-6	18	30.5	26	38.2	11	50	
7-14	31	52.5	32	47.1	8	36.4	
Who taught healing							
family	47	79.7	34	50	4	18.2	<0.001
traditional healer	10	16.9	27	39.7	0	0	
by oneself	2	3.4	3	4.4	5	22.7	
others	0	0	4	5.9	13	59.1	

Table 1. Profile of the three groups of traditional healers

lulites, diarrhea and wounds, to chronic illnesses such as cancer and diabetes. The registered and non-registered healers treated similar indications, but the faith healers also treated other indications related to mental problems and sterility.

The exorcism of evil spirits was practiced by 30.5% of the registered and 25.0% of the non-registered healers, but not by the faith healers. As shown in Table 3, the registered and non-registered healers exorcised evil spirits as a treat-

ment for what they called 'madness' or 'impure spirits', 'invisible' illnesses, sterility, and so forth, in addition to examining such illnesses. The healers who answered 'impure spirits' explained that they caused not only mental but also physical problems.

Prayer was the main treatment procedure, and for some the only treatment procedure, among the faith healers, who explained that their healing prayers were different from the exorcising of evil spirits.

	Registered healers		Nonregistered healers		Faith healers		<i>p-value</i>
	N (=59)	%	N (=68)	%	N (=22)	%	
Use herbs							
yes	59	100	67	98.5	3	13.6	<0.001
no	0	0	1	1.5	19	86.4	
Exorcise evil spirits							
yes	18	30.5	17	25	0	0	0.015
no	41	69.5	51	75	22	100	
Ever performed uvulectomy							
yes	1	1.7	6	8.8	0	0	0.088
no	58	98.3	62	91.2	22	100	
Effectiveness of traditional healing compared to modern medicine							
All are more effective	3	5.1	8	11.8	1	4.5	0.028
Some are more effective	47	79.6	41	60.3	15	68.2	
None is more effective	6	10.2	4	5.9	0	0	
Don't know	3	5.1	15	22	6	27.3	
How beneficial is uvulectomy							
Very much	1	1.7	2	3	0	0	0.009
Somewhat	4	6.8	12	17.6	4	18.2	
Not at all	14	23.7	13	19.1	4	18.2	
Don't know	40	67.8	41	60.3	14	63.6	
Do you know the benefits of uvulectomy							
yes	14	23.7	18	26.5	2	9.1	0.235
no	45	76.3	50	73.5	20	90.9	
How harmful is uvulectomy							
Very much	16	27.1	12	17.6	3	13.6	0.013
Somewhat	2	3.4	15	22.1	7	31.8	
Not at all	0	0	2	2.9	0	0	
Don't know	41	69.5	39	57.4	12	54.6	
Do you know the harmful effects of uvulectomy							
yes	13	22	25	36.8	10	45.5	0.074
no	46	78	43	63.2	12	54.5	
Trust modern doctors							
Very much	35	59.3	41	60.3	17	77.3	0.302
Somewhat	24	40.7	23	33.8	5	22.7	
Not at all	0	0	1	1.5	0	0	
Don't know	0	0	3	4.4	0	0	
Cooperate with modern doctors							
Very much	36	61	32	47.1	14	63.6	0.344
Somewhat	21	35.6	27	39.7	5	22.7	
Not at all	1	1.7	5	7.4	2	9.1	
Don't know	1	1.7	4	5.9	1	4.6	

Table 2. Traditional healers' practices and perceptions of healing and uvulectomy and attitudes toward modern doctors

### *The practice of uvulectomy*

Uvulectomy is called 'ELEMI' in Kibembe, the refugees' local language. Only 7 (4.8%) of the healers had ever conducted uvulectomy: 1 (1.7%) of the registered healers, 6 (8.8%) of the non-registered and none of the faith healers; 1 (1.7%) of the 58 Christians, 2 (4.2%) of 48 Muslims and 4 (9.3%) of the 43 other religious beliefs. The above seven healers had performed uvulectomy repeatedly, for a total of 47 cases: one registered healer had treated 2 cases and the six non-registered healers had conducted an average of 7 cases each (range: 2-12cases).

The recipients of uvulectomy were mostly infants and children, starting from a median of 2 months of age (range: 1week-4months) up to a median of 3 years (range: 2-5 years). Five of the healers received 1,375 Tanzanian shillings (TZS) in cash (equivalent to US\$1.5 as of May 2001) on average (range: TZS 1,000-2,000; US\$1.1-2.2) per uvulectomy, while the other two healers were given a hen (equivalent to TZS 1,400; US\$1.6) and a duck (equivalent to TZS 2,000; US\$2.2) per uvulectomy.

### *Perceived effects of traditional healing and attitudes toward modern medicine*

Over 80% of the traditional healers believed that 'all or some of the traditional treatments were more effective than modern medicine'. However, 11.8% of non-registered healers believed that 'all the traditional treatments were more effective than modern medicine', while 10.2% of the registered healers believed that 'none of the traditional treatments were more effective than modern medicine'.

Over 98% of all respondents trusted modern doctors 'very much' or 'somewhat'. In practice, 96.6% of the registered healers cooperated with modern doctors either 'very much' or 'somewhat'. However, more than 10% of the non-registered and the faith healers did not cooperate with modern doctors at all or did not know to what extent they cooperated.

### *Perceived effects of uvulectomy*

More than half of the respondents did not know whether uvulectomy was effective or harmful. In all three

	Registered healers	(n)	Non-registered healers	(n)	Faith healers	(n)
Top five indications treated effectively by traditional healing	fracture	19	fracture	10	madness	7
	diabetes	17	diabetes	8	sterility	7
	epilepsy	10	blisters	7	epilepsy	5
	cancer	9	cellulites	6	impure spirits	2
	hemorrhoid	8	diarrhea	6	mental trouble	2
Top five indications for herbs	diabetes	22	cellulites	12	sterility	3
	fracture	19	sterility	11	abortion	1
	cancer	16	diarrhea	11	impure spirits	1
	epilepsy	12	fracture	10	mental trouble	1
	cellulites	9	wound	9	paralysis	1
Top five indications for exorcising	impure spirits	8	madness	6		
	madness	4	examination	6		
	examination	3	impure spirits	5		
	sterility	2	cellulites	1		
	invisible illness	2	epilepsy	1		
Indications for uvulectomy	cough	2	cough	5	cough	3
	vomiting	1	vomiting	4	appetite loss	1
	appetite loss	1	appetite loss	2	throat pain	1
	baby's crying	1	throat pain	2	fever	1
	throat pain	1	baby's crying	1		
	death	1	fever	1		
Harmful effects of uvulectomy	death	8	bleeding	15	bleeding	7
	bleeding	7	death	11	death	4
	throat pain/swelling	2	throat pain/swelling	10	throat pain/swelling	3
	nerve injury	1	cough	3	appetite loss	1
			appetite loss	1		

Table 3. Indications for healing practices and the harmful effects of uvulectomy as perceived by traditional healers

groups of healers, those who thought uvulectomy 'very harmful' were greater in number than those who thought it 'very effective'.

Those who considered uvulectomy 'very effective' or 'somewhat effective' were more likely to be non-registered healers than the others, while those who considered uvulectomy 'very harmful' or 'somewhat harmful' were more likely to be faith healers.

None of those who considered uvulectomy 'very effective' cooperated 'very much' with modern doctors, while 25.6% of those who considered uvulectomy 'very harmful' cooperated 'very much' with modern doctors.

As shown in Table 3, the three groups of healers gave similar answers regarding the indications for uvulectomy, such as cough, appetite loss and sore throat. They described the indications as follows: "Uvulectomy is effective for cough, vomiting, and throat dryness that stops the passage of air or oxygen." "If uvulectomy is done, patients can then eat food, because a uvula prevents food from passing through throat." "Uvulectomy can help babies when they have a cough, sore throat or high fever and when they can't eat." "If uvulectomy is not done in time, a patient will die because of blocked respiration and swelling of the throat."

Several responses were observed regarding the harmful effects of uvulectomy among the three groups of healers. The healers pointed out bleeding, death, sore throat, appetite loss, nerve injury, and responded as follows: "I have seen somebody die from cutting the uvula because the patient's nerve was cut and throat swelling occurred." "Blood discharge can cause death." "Throat inflammation and blood discharge can cause death." "A patient may get thinner, vomit frequently and develop a sore throat."

Thirteen respondents responded that uvulectomy was harmful only if inappropriately done. "Uvulectomy can be dangerous if the person who does it is a charlatan. The patient may die." "Uvulectomy is safe if it is done by an experienced nurse in the dispensary." "When done poorly, the healer may cut the tonsils and the patient may bleed to death." "When uvulectomy is done poorly, it causes a sore throat and the patient is not able to eat." "If one doesn't know how to cut properly, the procedure will hurt the throat and the patient cannot eat."

Six of the seven healers who had performed uvulectomy in the past responded that the procedure was 'somewhat effective' and also 'somewhat harmful', and responded as follows: "If one doesn't know how to cut the uvula, the patient may develop a sore throat. But I have done it in the Congo and had no problems." "A person may develop a sore throat after uvulectomy. It is dangerous if one doesn't know how to cut it properly. It is particularly dangerous for babies. I performed uvulectomy in the Congo, but here I do

not have the proper instruments." "If it is done by someone who doesn't know how to do it, it can cause serious problems." "A sore throat and bleeding occur after uvulectomy, but there is a type of root which I can use as a medicine to stop such problems." "One must have sufficient experience but I think there is no problem for adults." "Uvulectomy affects the throat. If the healer doesn't know how to cut, it can cause respiratory problems." The one remaining healer who had performed uvulectomy said, "Uvulectomy is not good at all. Actually it is very harmful. It causes bleeding and death."

#### *Other surgical practices*

Some surgical procedures other than uvulectomy were performed by the healers in the camp, such as male and female circumcision, tattoo, scarification and hemorrhoidectomy.

The female external genitalia, especially the clitoris, and the male hemorrhoid were both called 'EHANYA' in the local language. They were described as follows:

"Women with EHAYA cannot get pregnant. So traditional birth attendants cut the EHANYA of women who want to get pregnant." "EHANYA is cut away with a razor blade or knife. After the operation, traditional medicine is applied to the site." "It is usually effective, but some people say it is not good because many recipients get sexual diseases." "About one in 10 women receive this procedure and the results are good. But sometimes it causes severe bleeding and infection from sexual diseases and HIV/AIDS. "

Male circumcision is called "BOTENDE". "The prepuce of the penis is removed with a machete because in our tribe you are considered to be a child if you still have it." "Most men receive BOTENDE and it is necessary to win respect as an adult or grown-up." "It is difficult to do. If you perform it improperly, you will kill many people."

The herbal application used to treat scarified areas of skin is called "EMBE". "If someone is suffering from local pain, the skin in the painful region is cut with a razor blade or knife and then the resin of a tree is applied to the bleeding site." "It cures diseases. But it can also cause excessive bleeding and scarring." "If one razor blade is used on many patients, it can also cause the transmission of HIV."

## DISCUSSIONS

Uvulectomy was widely performed in African nations such as Tanzania [7-9], Ethiopia [10-12], Sudan [13], Nigeria [14, 15, 16], Morocco [17], Cameroon [18], Niger [19], and in Middle Eastern countries including the South Sinai [20, 21] and Saudi Arabia [22]. Although it was reported as a common practice [5, 12, 23], its prevalence varied among

the tribes, regions and countries [11, 19, 20].

This study demonstrated that various types of traditional healing practices were being conducted for different illnesses in the refugee camp and that most healers were confident with their effectiveness. Among the healers in this camp, however, uvulectomy was not a common practice and only a limited number of registered and non-registered healers had performed it. Uvulectomy was performed on infants and young children by the age of five in this camp, a finding consistent with previous reports [16, 18, 24, 25]. However, in some reports the operation was performed on newborns soon after birth [3, 17].

In our preliminary interview, modern health professionals in the study site suggested that most of the traditional healers believe in the beneficial effects of uvulectomy. However, our results showed that many healers did not know the effect of uvulectomy and that those who thought it harmful outnumbered those who thought it beneficial.

Indications for and adverse effects of uvulectomy raised by the healers in our study were similar to those described in other studies [17, 26, 27, 28]. Moreover, previous studies reported that uvulectomy was performed for its prophylactic and/or curative effect on abdominal pain, insomnia [3] and chronic diarrhea [22]. Other studies reported bronchopneumonia, tetanus, meningitis, sepsis, dehydration, edema of the glottis and cellulites of the neck as complications of uvulectomy diagnosed by modern professionals [3, 10, 13, 29-33].

However, our study indicated that a limited number of healers had repeatedly conducted uvulectomy and that most of them believed it to be effective, although some of them knew its complications. In this camp, special huts were built within modern health compounds for traditional healers to practice their procedures and to collaborate with modern health professionals. However, our preliminary interviews with modern health professionals revealed that not many of the traditional healers had used the huts or engaged in any real collaboration. Our findings showed that the non-registered healers had cooperated less with modern health personnel and performed uvulectomy more frequently than the other healers.

In addition to uvulectomy, healers performed traditional surgical practices such as female genital circumcision and scarification, which had potential complications [34, 35]. However, as was the case in this study site, these risky surgical practices were not regularly surveyed or assessed in refugee camps.

Our study has some limitations. It could not be generalized to other refugee camps because perceptions and practices of traditional healing might differ according to country of origin, ethnicity and culture among the displaced popula-

tions. Semi-structured interviews might not be enough to capture all the details of healers' perceptions, beliefs and practices, although this study attempted to gather qualitative information to complement quantitative data.

Access to modern health services has improved, but traditional healing may continue to be a popular or alternative among those who are accustomed to receiving such practices. Especially in emergency or post-emergency situations, modern health professionals might not be well acquainted with the cultures and traditions of refugees or displaced persons who have moved from different places. When severe complications resulting from traditional practices are identified or expected, interventions could include not only directly discouraging such practices but also reducing high-risk procedures, for example by urging people to avoid shared instruments and promoting early contact with or referral to modern health providers.

It might seem easy to just recommend collaboration, but in reality it is difficult to promote real collaboration between modern and traditional health providers. The first step could be precise situation analysis, preferably with the participation of the healers themselves and community people. The second step could be active dialogue and close communication of facts and analysis based on mutual respect.

## CONCLUSION

In a Congolese refugee camp in Tanzania, a small number of traditional healers considered uvulectomy to have beneficial effects on cough, vomiting and other conditions, and in practice had performed uvulectomy on infants and young children. However, most of the healers who had conducted uvulectomy were non-registered healers who engaged in relatively little collaboration with modern doctors. An increased child mortality risk due to the adverse effects of uvulectomy was suspected. It is recommended, therefore, that the health authorities of the camp identify the healers who performed this procedure and strive to achieve more strategic communication and collaboration between modern and traditional health practitioners.

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